OFFICE USE ONLY Received \$			
Check			
<b>.</b> .			

## MAINE DEPARTMENT OF TRANSPORTATION APPLICATION FOR

## **REFLECTORIZED**

FFICIAI	RUSINESS	DIRECTIONAL	SIGN PERMIT	(S)

OFFICE USE ONLY	
APPLICATION NO	
DATE:	

Business, Firm, or Corporation:	Tel. #:
Mailing Address:	
City / Town:	State:ZIP Code:
Contact Person:	Tel. #:
	Date:
	County:
Using sketch please give information to locate intersection	
<ul><li>a. Check location desired thus:</li><li>b. Circle number of signs required</li></ul>	Route #_To
at this intersection: 1 2	Miles
c. Insert Route # / Road names on sketch:	Route # Route #  To
d. Insert distance and direction to facility on line near sign block thus:	Miles → Miles
e. X out arrow, which does not apply.  Fee: (\$ 30.00 per sign)  Checks must accompany application- (Make check payable to Trea  84" } 12 CHARACTORS PER LINE  72" 16 CHARACTORS WITHOUT  10 CHARACTERS PER LINE  48" {14 CHARACTERS WITHOUT	nsurer, State of Maine) /LOGO /LOGO LOGO
Logo  Logo  Logo	logo desired at the left. Logo Description:
Miles or 2 lines of print only	Logo Logo
DO NOT HAVE ANY SIGNS MADE UNTIL THE LOCATIONS HAVE NOTE THAT MUNICIPAL APPROVAL IS REQUIRED IN THE SPA MUNICIPAL APPROVAL: I certify that the sign applied Restrictions: By:	d for herein complies with local ordinances.
DO NOT WRITE BELO	(Signature of Municipal Official) (Title) (Date)  OW THIS LINE / OFFICE USE ONLY
MDOT APPROVAL:	Exact location as follows:

No. 2.

NOT APPROVED: MDOT representative to state reason for non-approval on back of this form.

Maine Department of Transportation

NOTICE: This application must be sent to:

FOR INFORMATION CALL 207-624-3611

Augusta, Me. 04330-0016